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CONFIRMATION NO. 9990

<b>SERIAL NUMBER</b> 10/821,333	<b>FILING OR 371(c) DATE</b> 04/09/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> PP17201.018 (035784/27729)
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 10/035,397 10/25/2001 PAT 6,887,462 which claims benefit of 60/330,404 10/18/2001 and claims benefit of 60/282,614 04/09/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
 \*\* 06/24/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 23	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 4
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**Verified and Acknowledged**  
 Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

**ADDRESS**  
27476

**TITLE**  
HSA-free formulations of interferon-beta

<b>FILING FEE RECEIVED</b> 928	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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